Approved for use through 1/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 09/681,412			ng Date 30/2001	To be Mailed	
APPLICATION AS FILED — PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
FOR			NU	MBER FIL	ED NU	MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))				N/A		N/A		N/A			N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A			N/A		N/A	,		N/A		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A			N/A		N/A			N/A		
	TAL CLAIMS CFR 1.16(i))	•	minus 20 =		us 20 =	•		x \$ =		OR	x \$ =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))				mi	nus 3 = •		1	x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.18(s))	: FEE	sheets is \$25 addition	s of pape i0 (\$125 onal 50 s	er, the application for small entity; theets or fraction	drawings exceed 100 oplication size fee due I entity) for each fraction thereof. See and 37 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
• If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		J	TOTAL	L	
		(Colum CLAIMS REMAIN	HIGH		(Column 2) HIGHEST NUMBER	umn 2) (Column 3)			L ENTITY	OR	SMA	ER THAN ALL ENTITY ADDITIONAL	
AMENDMENT	12/15/2006	AFTER AMEND			PREVIOUSLY PAID FOR	EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	Total (37 CFR 1.16(i))	· 63		Minus	 63	= 0	1	X \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.18(h))	• 9		Minus	 9	= 0		x \$ =		OR	X \$200=	0	
	Application Size Fee (37 CFR 1.16(s))										<u> </u>		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
AMENDMENT	4-24-07	CLAI REMAI AFT AMEND	NING ER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,18(1))	. 2	9	Minus	- 63	=		x \$ =		OR	x s =		
	Independent (37 CFR 1.18(h))	. 2	,	Minus	1	=		x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))						1			4			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))									OR		/	
TOTAL ADD'L OR ADD'L FEE FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".													
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 27 CEP 1.16. The information is required to obtain or retain a banefit by the number which is to file (and by the USPTO to													

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. If me will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.